

Daily Treatment Record Developed by the American Association of Bovine Practitioners

Farm Name _____

Veterinarian _____

Veterinarian

Phone number _____

		Time of	Treatment			Treatment Plan					Withdrawal Time		Calculated Withdrawal Period Expires			Remarks/Cautionary Satements
	Cow ID	Date	Time	Pen	Condition Treated	Treatment	Dosage	Route of Admin.	Frequency of Treatment	Length of Treatment	Milk (hrs)	Meat (days)	Milk	Meat	Actual Date and Time in Tank	Example: initials of person treating or testing
y	1234	4/15/20	8:00 AM	1	Mild Mastitis	Oxytocin	2cc	IM	every milking	4 Milkings	0 hrs	0 days				
dillo	4321	4/1/20	11:00 AM	3	Mastitis w/ Hard Quarter	Pirsue	1 tube/ quarter	IMM	every 24 hrs	2 days	36 hrs	9 days	4/3/20 PM	4/10/20	AM on 4/5/20	
	1428	4/1/20	1:45 PM	4	Dry treat	Tomorrow	1 tube/ quarter	IMM	once at dry off	Once	72 hrs	42 days	4/4/20 PM	5/16/20	AM on 5/17/20	

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